

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

343

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

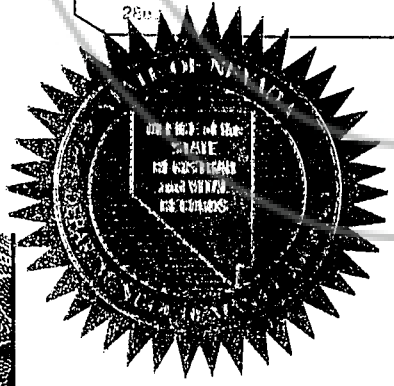
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last James Michael DORRANCE			2. DATE OF DEATH (Month, Day, Year) April 18, 2000		3a. COUNTY OF DEATH Carson City
3b. CITY, TOWN OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Carson-Tahoe Hospital		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	4. SEX Male
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 65	7b. UNDER 1 YEAR MOS : DAYS 7c. UNDER 1 DAY HOURS : MINS August 18, 1934
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 18	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Patricia Stanley			
13. SOCIAL SECURITY NUMBER -6956		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1433 James Rd.
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			16. FATHER—NAME First Middle Last James Ruey Dorrance		
17. MOTHER—MAIDEN NAME First Middle Last Syble Imogene Boring			18a. INFORMANT—NAME (Type or Print) Patricia K. Dorrance		
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P. O. Box 2412, Gardnerville, Nevada 89410			19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		
19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada			
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James Hill</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>B. Bottenberg, M.D.</i> DATE SIGNED (Mo., Day, Yr.) 4-19-2000 21b. 4-19-2000 21c. HOUR OF DEATH 2056 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) B. Bottenberg, D.O., 1001 N. Mountain, Carson City, Nevada			22. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>G. Bottenberg, M.D.</i> DATE SIGNED (Mo., Day, Yr.) 22b. 4-19-2000 22c. HOUR OF DEATH 2056 22d. ON 22e. AT		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) B. Bottenberg, D.O., 1001 N. Mountain, Carson City, Nevada					23b. LICENSE NUMBER D0674
24a. REGISTRAR (Signature) <i>Vera R. Kuchars</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 21, 2000		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Respiratory failure DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) SYRINGOMYELIA DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) _____ DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	



STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: **APR 21 2000 0502695**

Gyonna Sylva
State Registrar

No. 166861

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COPY

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IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2000 NOV -3 AM 10: 18

LINDA SLATER
RECORDER

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